

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

APPLICATION FOR LICENSURE

**REGISTERED NURSE or
LICENSED PRACTICAL NURSE**

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

1. Submit three (3) fingerprint cards (Form FD-258) to be used by DOPL for a fingerprint search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). See “Additional Important Information” below.
2. Submit an official transcript showing the degree obtained and/or completion of your nursing program. To be official, a transcript must bear the school seal, and the degree and graduation date must be posed on it before it is submitted to DOPL.

Have the school mail this documentation directly to DOPL.

NOTE: If you are applying for licensure by endorsement (currently licensed in another state), you do not need to submit a transcript.

3. If you are applying by endorsement, obtain verification of licensure from a state in which you are currently licensed as a nurse by completing the following steps:
 - a. Go to <https://www.nursys.com> to determine if the state from which you are seeking verification of licensure is listed as a participant on the Nursys verification system. If so, follow the directions on the Nursys website to obtain verification of your license through Nursys.
 - b. If the state from which you are seeking verification of licensure is not listed as a participant on the Nursys verification system, use the “Request for Verification of License” form (attached to this application) to obtain verification of licensure.

Request that the verifying state complete the form and mail or fax it directly to DOPL.

4. If you are a graduate of a foreign nursing school, submit a credentials evaluation from one of the approved credentialing services listed in the “Additional Important Information” section below.
5. Submit a **\$99.00** non-refundable application-processing fee, made payable to “DOPL.” This fee includes a \$60 application fee for an LPN or RN license, a \$15 surcharge for a BCI fingerprint file search, and a \$24 surcharge for a FBI fingerprint file search.
6. If you are a new graduate from a Utah nursing education program applying for an **LPN or RN temporary license**, submit the following in addition to a complete application for licensure:
 - An “LPN/RN Temporary License Request” form (attached to this application).
 - A \$50.00 non-refundable processing fee for a temporary license - in addition to the \$99.00 application fee stated above (\$149.00 total).
7. **PLEASE NOTE:** An application is valid for up to six (6) months. If you fail to meet all licensure requirements within six months of submission of your application, you will be required to resubmit an application, including all applicable fees.

ADDITIONAL IMPORTANT INFORMATION:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice as nurse. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:
 - Division of Occupational & Professional Licensing Act
 - General Rules of the Division of Occupational & Professional Licensing
 - Nurse Practice Act
 - Nurse Practice Act Rules

2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
3. **Fingerprint Information:** All applicants for licensure are required to include three (3) blue fingerprint cards (Form FD-258) with their applications. Fingerprint cards are supplied with the application if obtained from DOPL. If you downloaded the application from the Internet, you may obtain fingerprint cards from DOPL, the Bureau of Criminal Identification (BCI), or your local police station.

NOTE: To have your fingerprints rolled, you must go to BCI or a local police station. Electronic fingerprinting is also available at DOPL's offices (160 E. 300 S., main lobby, Salt Lake City). Fingerprint cards that are not complete and/or not properly rolled will be rejected, delaying the licensure process.

BUREAU OF CRIMINAL IDENTIFICATION (BCI) INFORMATION:

- \$10.00 fee for up to three fingerprint cards
- Walk-ins only; no appointments taken
- Open 8:00 a.m. - 5:00 p.m., Monday - Friday except holidays
- Government-issued picture ID required (driver's license, state ID, passport, etc.)
- Website: www.bci.utah.gov
- Phone: 801-965-4445
- Address: 3888 W. 5400 S., Taylorsville, UT 84118
(1/2 block west of Bangerter Highway, behind McDonalds)

WARNING: If information received from the Utah Bureau of Criminal Identification or the Federal Bureau of Investigation indicates that you have failed to accurately disclose your criminal history to the Division of Occupational and Professional Licensing, any nurse license issued to you will be immediately and automatically revoked.

REVIEW OF YOUR FBI RECORD: You have the right to review your FBI record and to complete, or challenge the accuracy of, the information contained in that record. If you wish to review your FBI record, contact the FBI field office that serves your area for instruction on the procedure and any applicable fees. All residents of Utah should direct their inquiries to the Salt Lake Field Office, 257 East 200 South, Suite 1200, Salt Lake City, Utah 84111. Telephone (801) 579-1400.

4. **Licensure by Endorsement:** If you are applying for licensure by endorsement, you must have a current, active in good standing license in another jurisdiction.
5. **Temporary Licensure:** A new graduate from a Utah nursing education program applying for licensure as an LPN or RN may also apply for a temporary license. A temporary license will only be issued to an applicant who has never taken the appropriate NCLEX examination and has graduated from a Utah nursing program within the two months immediately preceding the application for licensure.

Your application for licensure as an LPN or RN must be submitted prior to or in conjunction with submittal of an “LPN/RN Temporary License Request” form. The verified information contained in the application for licensure will be the basis upon which a decision is made to issue the temporary license. Neither the application for licensure nor the request for a temporary license will be reviewed without a transcript indicating the completion of a nursing education program.

The normal processing time is approximately fifteen (15) working days from the date the request for Temporary License and a **complete** application is received. You may not work until the Temporary License is issued. Therefore, do not make commitments to a potential employer to commence work prior to the time DOPL requires to process your temporary license.

Note: An additional ten (10) working days may be required to process your application during the peak graduation months of April, May, and June.

A Temporary License is valid from the date of its issuance until the earliest of the following dates:

1. Official notice of failure to pass the examination.
2. Four months from the date of issuance.
3. Upon the issuance of a regular license.

6. **Nursing Licensure Interstate Compact:** If you currently declare your primary state of residence in one of the Compact states, and if you are currently licensed in good standing in that state, you do not need to apply for licensure in Utah. Under the Interstate Compact, Utah recognizes the licensees of these Compact states.

Compact states have passed legislation to implement an Interstate Compact that recognizes LPN/VN and RN licensure in participating Compact states (referred to as party states). More information regarding the Interstate Compact, including a current list of all Compact states, is available on the National Council of State Boards of Nursing web site at www.ncsbn.org.

Under the Interstate Compact you must be licensed in the state in which you reside. You may not be licensed in more than one Compact state at a time. However, if you are also practicing in a non-compact state, you must be licensed in that state. If you are declaring Utah as your home state, you must have a Utah address as your address of record. If you are moving to Utah and declaring Utah as your state of residence, you must provide DOPL with a Utah address within 30 days of arriving in the state. A temporary license issued by Utah does not include any interstate practice authorization.

7. **Reinstatement of Utah License:** If you are reinstating your expired or inactive Utah nursing license, you must submit a complete application with all applicable fees, including an additional \$50.00 reinstatement fee.

8. **Categories of Nurse Licensure:** Under Utah Law, the following categories of nurse licensure are available: Licensed Practical Nurse, Registered Nurse, Advanced Practice Registered Nurse (which includes Nurse Practitioner, Clinical Nurse Specialist, and Psychiatric Mental Health Nurse Specialist), Certified Registered Nurse Anesthetist, and Certified Nurse Midwife.

If you desire licensure in a category other than Licensed Practical Nurse or Registered Nurse please obtain the appropriate application at www.dopl.utah.gov.

9. **License Renewal:** All LPN licenses expire January 31 of every even-numbered year. All RN licenses expire January 31 of every odd-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

10. **Foreign Educated Nurses:** All applicants must submit a credential evaluation from an approved evaluator listed at the end of this section.

Applicants for licensure as a Registered Nurse who have not taken the NCLEX-RN exam must pass the CGFNS exam prior to taking the NCLEX exam.

The approved credentialing evaluation services are the Commission on Graduates of Foreign Nursing Schools (CGFNS), 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651, (215) 349-8767 or The Foundation for International Services, Inc. (FIS), 21540 30th Drive SE, Suite 320, Bothell, WA 98021, (425) 487-2245. If you are seeking an evaluation from the CGFNS, you will need to request the Health Care Professions Course by Course Report.

11. **NCLEX® Examination Registration:** You may register online at www.vue.com/nclex or by phone at 1-866-49NCLEX. You may also obtain an NCLEX Registration Bulletin from your nursing education program. You should register to take the NCLEX® examination during your last quarter/semester of your nursing education program.

Complete the scannable form, according to the instructions, using the codes supplied with the "Candidate Bulletin." Mail the completed registration form and examination fee in the envelope provided. It is pre-addressed to NCLEX® (Pearson Vue) which is the testing agency for the NCLEX® examination.

12. **NCLEX® Examination Fees:** Mail your **\$200.00** exam fee with the registration form to:

NCLEX	- payable to NCSBN
PO Box 6043	- certified check, cashier check,
Hopkins, MN 55305-6043	or money orders only

13. **NCLEX® Examination Eligibility and Scheduling:** Before you may sit for the examination for which you have registered, you must be made eligible by DOPL.

Once you have completed an approved nursing education program, submit a complete application for licensure to DOPL. DOPL will determine candidate eligibility based on the information contained in the complete application. Completion of a nursing education program is documented by submitting an official transcript that indicates completion of a practical nursing program or conferral of a degree from a registered nurse program.

Once authorized to take the examination, the test company Group will send to you an “Authorization to Test” along with information explaining how to schedule your examination. Please read the information carefully. Once you have received your “Authorization to Test,” call and schedule an appointment to take the examination.

14. **NCLEX® Examination Results:** Within two weeks of taking the examination DOPL will mail your results to the address listed on the examination registration form. Do not call DOPL to obtain your test results. No results will be released over the phone.

If you fail the examination, you must (1) complete another “NCLEX® Registration Form,” (2) submit another examination fee to the testing company, (3) submit an “Intent to Retake the Examination” form to DOPL (available at www.dopl.utah.gov), and (4) reschedule an appointment to take the examination when you have received another “Authorization to Test.”

The examination may only be taken once every 45 days.

15. **Examination Addresses and Telephone Numbers:**

Examination Registration, 1-866-496-2539 (Monday through Friday), 7:00 a.m. to 7:00 p.m. (CST) -- www.vue.com/nclex

National Council of State Board of Nursing, 111 East Wacker Drive, Suite 2900, Chicago, Illinois 60601, (312) 525-3600 -- www.ncsbn.org

16. **License Issuance:** A license will be printed and mailed to you within three weeks of your receiving a passing score. Do not call DOPL requesting your license number prior to receiving your printed license in the mail.

17. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (i.e. copy of a marriage license or divorce decree).

18. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.

19. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

20. **Telephone Numbers:** (801) 530-6628

(866) ASK-DOPL - Toll-free in Utah
(866) 275-3675

21. **Fax Number:** (801) 530-6511

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APPLICATION FOR LICENSURE

GENERAL INFORMATION

License Applying For:

_____ Licensed Practical Nurse (LPN)

_____ Registered Nurse (RN)

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Gender (Male or Female): _____ Date of Birth: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason for Denial/Other Comments: _____

Live Scan Fingerprint Code: _____

PROFESSIONAL EDUCATION REQUIREMENT:

Name: _____ Dates Attended: _____ to _____

Location: _____

Degree Received: _____ Date of Graduation: _____

HIGH SCHOOL EDUCATION REQUIREMENT:

Name: _____ Date of Graduation: _____

Location: _____

PROFESSIONAL EXAMINATION REQUIREMENT:

IF LICENSED IN ANOTHER STATE:

Licensure Exam Date(s) Taken: _____

IF APPLYING FOR INITIAL LICENSURE:

You must register for the NCLEX® before you can be made eligible to take the exam. See the instructions for details.

LICENSES:

List all licenses, registrations, or certifications issued by any jurisdiction which you now hold, have ever held, or have ever applied for in any health care profession. Use additional sheets if necessary.

Original State of Licensure: _____

License Number: _____

Status: _____

Other Licenses:

Issuing State: _____

Profession: _____

License Number: _____

Effective Date: _____

License Status: _____

Answer “**yes**” or “**no**.”

_____ I have enclosed an official verification of licensure with this application.

_____ I have requested official verification from NURSYS.

_____ I have requested the following state to send a verification of licensure directly to Utah.

Name of State: _____

DECLARATION OF PRIMARY STATE OF RESIDENCE:

Primary State of Residence is the state of your declared fixed permanent and principal home for legal purposes; domicile.

Upon issuance of a nursing license in Utah, my primary state of residence will be

_____.

Note: You must provide DOPL with a Utah address within 30 days of arriving in the state.

PROFESSIONAL RESPONSIBILITY:

I have read the Utah Nurse Practice Act and Rules. I understand that I must confine my practice to that which is permitted by law. I also understand that if my request for licensure is granted, disciplinary action may be taken against my license for unlawful or unprofessional conduct.

Signature of Applicant: _____ Date of Signature: _____

RN/LPN QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?

(Questions continue on following page.)

11. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
12. _____ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?
13. _____ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
14. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
15. _____ Have you been named as a defendant in a malpractice suit?
16. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
17. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
18. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
19. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
20. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
21. _____ Have you ever been terminated from a position because of drug use or abuse?
22. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

(Questions continue on following page.)

23. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
24. _____ Do you currently have any criminal action pending?
25. _____ Have you pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
26. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
27. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?
28. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

If you answered “yes” to questions 24, 25, 26, 27, or 28 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.

If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____

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Utah Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: 801-530-6511

LPN/RN TEMPORARY LICENSE REQUEST

TO BE COMPLETED BY APPLICANT:

Name: _____ Telephone: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Employing Facility: _____ Telephone: _____

Address: _____

Date Employment Begins: _____

I hereby certify that I will not practice until I have been granted a Temporary License. Once the Temporary License has been issued, I will only practice under direct, on-site supervision of a registered nurse.

Signature of Applicant: _____ Date: _____

TO BE COMPLETED BY SUPERVISOR:

Name: _____

Address: _____ Telephone: _____

Position or Title: _____ License Number: _____

I hereby certify that I am a licensed registered nurse in good standing and I will supervise the practice of the above named nurse. I understand that I, or another RN to whom I delegate, must provide direct supervision, and be on the same site as the applicant.

Signature of Supervisor: _____ Date: _____

Please note: a temporary license expires the earlier of:

1. notification of failing the examination;
2. four months from the date of issuance; or
3. issuance of a regular license.

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Utah Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: 801-530-6511

REQUEST FOR VERIFICATION OF LICENSE

(Use this form to verify licensure from another state, if applicable.)

NOTE: Use this form only if you cannot obtain verification of licensure through Nursys!

TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to a state in which you are currently licensed as a nurse. Request that the verifying state complete the form and mail or fax it directly to DOPL or return it to you for submission with your application.

Applicant Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

I am requesting licensure in the state of Utah as a(n) _____

I am/have been licensed in your state under the name _____

My social security number is _____

My date of birth is _____

My license number in your state is/was _____

I have enclosed the necessary license verification fee in the amount of \$ _____

Signature of Applicant: _____

(Continued on the reverse.)

TO BE COMPLETED BY THE CURRENT STATE OF LICENSURE:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to DOPL or place the completed form in a sealed envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (as it appears in verifying state's records): _____

Classification of License Issued: _____

Multistate Practice Privilege: _____ Yes _____ No

License Number: _____ Current Status: _____

Original Date of Licensure: _____ Expiration Date: _____

Continuously Licensed:

_____ Yes _____ No, please explain: _____

Licensed By:

_____ Exam, Type: _____ Date: _____

_____ Endorsement, from what state? _____

Examination Scores: _____

Education Required For Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

_____ No _____ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____ Title: _____

Agency: _____

Date: _____